·								I	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/69/538					
CLAIMS AS FILED - PART (Column 1)									ENTITY			R THAN	
T	OTAL CLAIMS	S	, ,	7	100.	Omin 21	L	TYPE	FEE	¬OF		ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		-	RATE	FEE	
TOTAL CHARGEABLE CLAIMS					· TO				-	OF	BASIC FEE	770.00	
INDEPENDENT CLAIMS			7 minus 20=					X\$ 9=	1	OF	X\$18=		
MULTIPLE DEPENDENT CLAIM PR					()			X43=		OR	X86=		
_								+145=	-	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	•	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II 5-16-								25			OTHER	THAN	
_		(Column 1)	(Column			2) (Column 3)	-	SMALI	LENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA	İ	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus		0	=	7 /	X\$ 9=		OR	X\$18=		
	Independent	. 4	Minus		3	= /	ı	X43=		OR	291200	2MA	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ		+ -			AUM	
							L	+145=		OR	+290= TOTAL		
		(Column 1)	•	(C-1:	- 0\	(O-1 0)	A	DDIT. FEE		OR	ADDIT. FEE		
8		CLAIMS		(Colum	ST	(Column 3)	F		ADDI	7 1		400:	
MENDMENT		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	FIRST PRESENTATION OF MU		Minus ***		= X43=		X43=		OR	X86=		
	I INOT PRESE	NIATION OF ME	ILTIPLE DEI	PENDENT	CLAIM		T	+145=		OR	+290=		
							L	TOTAL		Į L	TOTAL		
		(Column 1)		(Columi	n 2)	(Column 2)	AC	DOIT. FEE		OR ,	DDIT. FEE		
O	•	CLAIMS REMAINING		HIGHE	ST	(Column 3)	_		ADDI-			4001	
MENDMENT		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		в .		X\$ 9=		OR	X\$18=		
	Independent		Minus	***				X43=			X86=		
_ 1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	CLAIM		H			OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145=		OR	+290=		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
Tì	ne "Highest Numi	ber Previously Paid	For (Total or	Independent) is the	highest number fo	ound	in the app	propriate box	in colu	mn 1.	I	